

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1		1		51		51		51		51
2			1		1		52		52		52		52
3			1		1		53		53		53		53
4			1		1		54		54		54		54
5			1		1		55		55		55		55
6							56		56		56		56
7							57		57		57		57
8							58		58		58		58
9							59		59		59		59
10							60		60		60		60
11							61		61		61		61
12							62		62		62		62
13							63		63		63		63
14							64		64		64		64
15							65		65		65		65
16							66		66		66		66
17							67		67		67		67
18							68		68		68		68
19							69		69		69		69
20							70		70		70		70
21							71		71		71		71
22							72		72		72		72
23							73		73		73		73
24							74		74		74		74
25							75		75		75		75
26							76		76		76		76
27							77		77		77		77
28							78		78		78		78
29							79		79		79		79
30							80		80		80		80
31							81		81		81		81
32							82		82		82		82
33							83		83		83		83
34							84		84		84		84
35							85		85		85		85
36							86		86		86		86
37							87		87		87		87
38							88		88		88		88
39							89		89		89		89
40							90		90		90		90
41							91		91		91		91
42							92		92		92		92
43							93		93		93		93
44							94		94		94		94
45							95		95		95		95
46							96		96		96		96
47							97		97		97		97
48							98		98		98		98
49							99		99		99		99
50							100		100		100		100
TOTAL IND.			3										
TOTAL DEP.			17										
TOTAL CLAIMS			20										